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HOW PHARMACISTS CAN MANAGE SWITCHING INTRAVENOUS (I.V) ANTIMICROBIALS TO ORAL (PO) THERAPY

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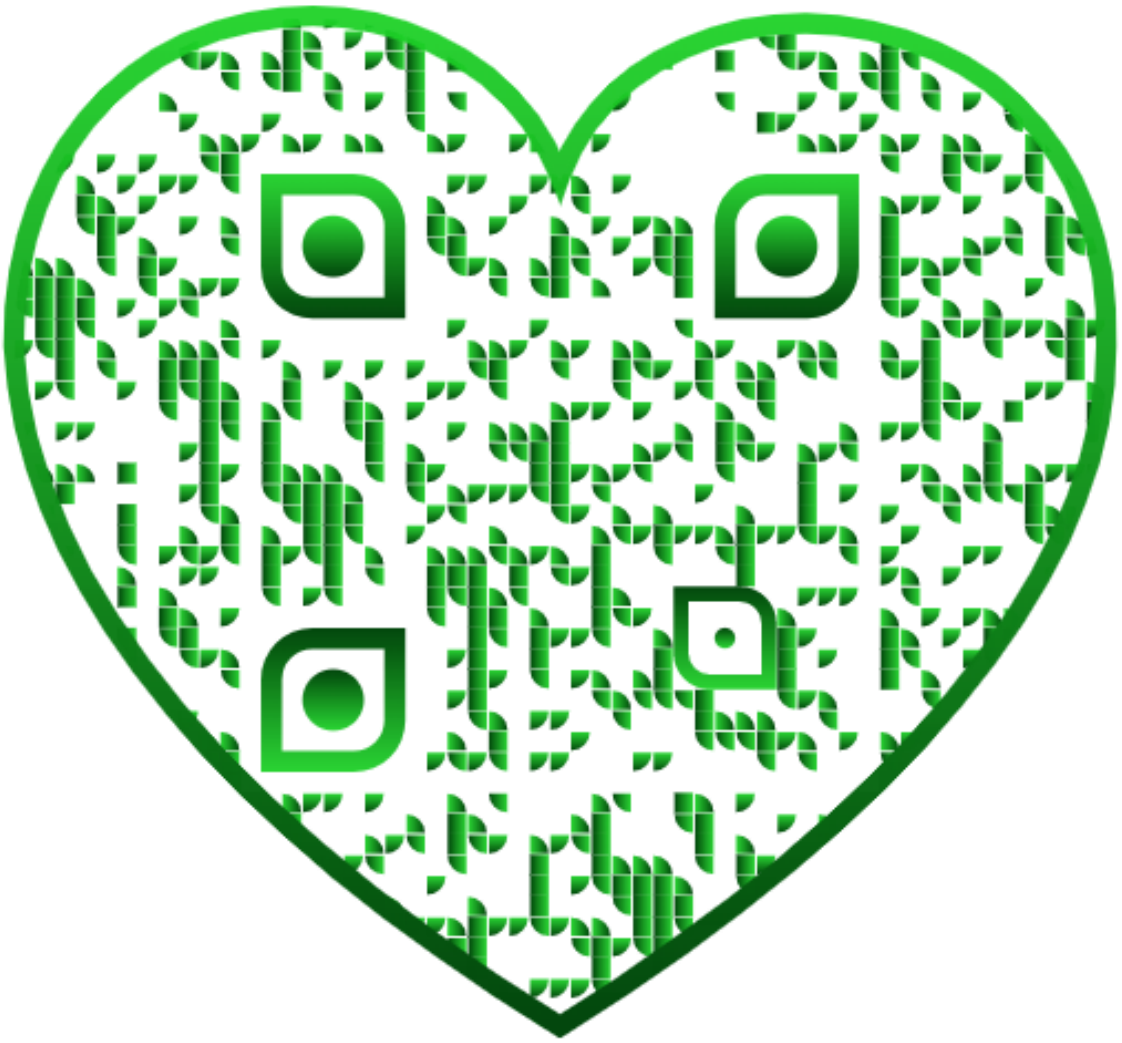

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PURPOSE OF IV TO PO SWITCH

The primary purpose for IV to PO transition is early discharge from hospital setting care to home based care or as an outpatient. Most importantly, it is the basic part of the AMS program. it provides benefits of,

- Cost-effective utilization of antimicrobials.
- Decrease the length of hospitalization.
- Improve patient care by reducing the risk of intravascular catheters.
- Greater patient compliance.
- Decreased nursing needs.

TYPES OF SWITCH THERAPY

- **Sequential therapy**: Conversion from IV medications to oral using exactly the same compound and dosage.
- **Switch therapy**: Switching IV medication with oral equivalent using a different compound in the same class of drugs and potency.
- **Step-down therapy**: Switching of IV medication with an oral one which may be from a different drug class, or within the same class but with a different dosage and frequency.

CRITERIA FOR PATIENT ELIGIBILITY

Afebrile for at least 24 hours (temperature ≤100.9°F or ≤38.3°C)

ABle to adequately aBsorb oral medications via the oral, gastric tube, or nasogastric tube route.

Signs and symptoms of infection Clinical improvement according to assessment i.e. Hemodynamically stable, Improving WBC (decrease of > 2 K/uL + WBC between 4 – 15 K/uL) and/or improving differential counts, CRP and PCT trending down.

Availability of oral options.

Key: ABC

LIST OF IDEAL ANTIMICROBIALS FOR IV TO PO SWITCH

Medications	IV dose	PO Equivalent dose	PO Bioavailability
Azithromycin	250mg, 500mg	1 : 1	38-40%
Linezolid	600mg	1 : 1	>99%
Metronidazole	500mg	1 : 1	80%
Levofloxacin	500mg, 750mg	1 : 1	99%
Moxifloxacin	400mg	1 : 1	90%
Doxycycline	100mg	1 : 1	>99%
Fluconazole	100mg	1 : 1	>90%
Clindamycin	600mg IV q8h	300-450 mg PO Q6H 600 mg PO Q8H	90%
Ciprofloxacin (Avoid suspension via feeding tube)	200 mg IV Q12H 400 mg IV Q12H 400 mg IV Q8H	250 mg PO Q12H 500 mg PO Q12H 750 mg PO Q12H	50-85%

Switch and step-down therapies

IV drug	IV drug dose	PO equivalent drug	PO drug dose
Ampicillin	500-1g Q6-8hrs	Amoxicillin	500mg Q8hrs
Ampicillin/Sulbactam	1.5 - 3g Q6hrs	Amoxicillin/Clavulanate	875mg/125mg Q12hrs
Piperacillin/Tazobactam	4.5g Q8hrs	Ask clinical microbiology team for C/S. Amoxicillin/Clavulanate or Ciprofloxacin + Metronidazole/ Clindamycin	Different as per condition.
Cefazolin	1-2g Q8hrs	Cephalexin(when susceptible)	500mg Q6hrs
Ceftriaxone	1-2g	Amoxicillin, Amoxicillin/Clavulanate or Ciprofloxacin+Metronidazole	Dosing is varied as per site and severity of infections.

THANK YOU!

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